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国際調査報告

(法 8 条、法施行規則第40、41条)
 [PCT 18条、PCT規則43、44]

出願人又は代理人 の書類記号 S00P0454W000	今後の手続きについては、国際調査報告の送付通知様式(PCT/ISA/220) 及び下記5を参照すること。	
国際出願番号 PCT/JPO0/02448	国際出願日 (日.月.年) 14.04.00	優先日 (日.月.年) 15.04.99
出願人(氏名又は名称) ソニー株式会社		

国際調査機関が作成したこの国際調査報告を法施行規則第41条(PCT 18条)の規定に従い出願人に送付する。
 この写しは国際事務局にも送付される。

この国際調査報告は、全部で 3 ページである。

☐ この調査報告に引用された先行技術文献の写しも添付されている。

1. 国際調査報告の基礎

a. 言語は、下記に示す場合を除くほか、この国際出願がされたものに基づき国際調査を行った。

☐ この国際調査機関に提出された国際出願の翻訳文に基づき国際調査を行った。

b. この国際出願は、ヌクレオチド又はアミノ酸配列を含んでおり、次の配列表に基づき国際調査を行った。

☐ この国際出願に含まれる書面による配列表

☐ この国際出願と共に提出されたフレキシブルディスクによる配列表

☐ 出願後に、この国際調査機関に提出された書面による配列表

☐ 出願後に、この国際調査機関に提出されたフレキシブルディスクによる配列表

☐ 出願後に提出した書面による配列表が出願時における国際出願の開示の範囲を超える事項を含まない旨の陳述書の提出があった。

☐ 書面による配列表に記載した配列とフレキシブルディスクによる配列表に記載した配列が同一である旨の陳述書の提出があった。

2. ☐ 請求の範囲の一部の調査ができない(第I欄参照)。

3. ☐ 発明の単一性が欠如している(第II欄参照)。

4. 発明の名称は ☒ 出願人が提出したものを承認する。

☐ 次に示すように国際調査機関が作成した。

5. 要約は ☒ 出願人が提出したものを承認する。

☐ 第III欄に示されているように、法施行規則第47条(PCT規則38.2(b))の規定により国際調査機関が作成した。出願人は、この国際調査報告の発送の日から1カ月以内にこの国際調査機関に意見を提出することができる。

6. 要約書とともに公表される図は、

第 1 図とする。 ☐ 出願人が示したとおりである。

☐ なし

☒ 出願人は図を示さなかった。

☐ 本図は発明の特徴を一層よく表している。

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference

(if desired) (12 characters maximum) S00P0454W000

Box No. I TITLE OF INVENTION

PHOTOGRAPHING APPARATUS AND SIGNAL PROCESSING METHOD

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SONY CORPORATION
7-35, Kitashinagawa 6-chome,
Shinagawa-ku, TOKYO
141-0001 JAPAN

☐ This person is also inventor.

Telephone No.
03-5448-2111

Facsimile No.
03-5448-5709

Teleprinter No.
J22262

State (that is, country) of nationality:
JAPAN

State (that is, country) of residence:
JAPAN

This person is applicant for the purposes of:

☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Mio OZAWA
c/o SONY CORPORATION
7-35, Kitashinagawa 6-chome
Shinagawa-ku, TOKYO
141-0001 JAPAN

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
JAPAN

State (that is, country) of residence:
JAPAN

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

8276 Masatomo Sugiura, Patent Attorney
Room 420, 25 Sankyo Bldg.,
48-10, Higashi Ikebukuro 1-chome,
Toshima-ku, TOKYO
170-0013 JAPAN

Telephone No.
03-3980-0339

Facsimile No.
03-3982-3166

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Shiro MIYAGI c/o SONY CORPORATION 7-35, Kitashinagawa 6-chome Shinagawa-ku, TOKYO 141-0001 JAPAN</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: JAPAN	State (that is, country) of residence: JAPAN
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Jun NAGAI c/o SONY CORPORATION 7-35, Kitashinagawa 6-chome Shinagawa-ku, TOKYO 141-0001 JAPAN</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: JAPAN	State (that is, country) of residence: JAPAN
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> LR Liberia |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LS Lesotho |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LT Lithuania |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> LU Luxembourg |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> MA Morocco |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> MW Malawi |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> GH Ghana | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> HR Croatia | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> IN India | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> IS Iceland | <input type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input checked="" type="checkbox"/> KR Republic of Korea | |
| <input type="checkbox"/> KZ Kazakhstan | |
| <input type="checkbox"/> LC Saint Lucia | |
| <input type="checkbox"/> LK Sri Lanka | |

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM					<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:			
		national application: country	regional application: regional Office	international application: receiving Office	
item (1) April 15, 1999	108431/1999	JAPAN			
item (2)					
item (3)					

☐ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY			
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / JP		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional Office)	

Box No. VIII CHECK LIST; LANGUAGE OF FILING	
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 21 claims : 5 abstract : 1 drawings : 12 sequence listing part of description : Total number of sheets : 43	This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input checked="" type="checkbox"/> separate signed power of attorney 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): (1) 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: Japanese

Box No. IX SIGNATURE OF APPLICANT OR AGENT	
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).	
Masatomo Sugiura (seal)	

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA / JP	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.	

For International Bureau use only	
Date of receipt of the record copy by the International Bureau:	